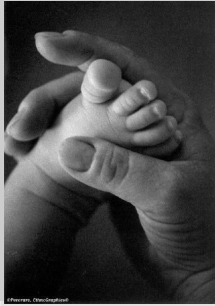


July 18, 2008



TOTS Update

This week we brought the Technical Assistance Teams and some pilot site users to Frankfort to introduce them to TOTS v. 1.0. Some screens are still under construction, but users were able to get a general feel for the system. After a brief tutorial, users were encouraged to start getting their hands dirty. Users tested the core functions of the system, including entering demographic information, evaluation/assessment information, eligibility information, IFSPs, progress notes and claims. In addition, pilot POE sites were able to briefly review the variety of reports that will become available to them at the local level.



Technology-assisted Observation and Teaming Support system

All in all the testing was really productive. Evaluations of the system were overwhelmingly positive and we came away with a lot of feedback that we can use to make sure that TOTS is as user-friendly and functional as possible.

Central Office Update

If you've been in the system for the last year, chances are you either met or talked with Rebecca Hahn. Becky has spent the last year working closely with our POEs and the Inter-agency Coordinating Council. She also undertook the yeoman's task of managing Central Office's day-to-day functions and was instrumental in bringing Central Office staff together as a team.



Today is Becky's last day. Becky's love of "hands-on" work with children and families is bringing her back to the field. We're fortunate that she's staying with First Steps—only now in the role of a Primary Service Coordinator in the Bluegrass, Cumberland Valley and Lake Cumberland Districts.

Becky's optimistic and friendly persona will be missed here in Central Office, but we all wish her well in her new adventure!

Upcoming Training

July 23rd deadline for Infant Toddler Institute online registration

You still have time to register, but time is running out. ... With over 40 speakers presenting the most up-to-date information on issues affecting infants, toddlers and those who work with them, you won't want to miss this opportunity to attend the 2008 Infant-Toddler Institute.

New Online Features Available for CBIS! Announcing CIMS, the Child Information Management System

CBIS announces new online billing and summary sheet features. Providers and Service Coordinators will be able to enter billing and summary sheets directly online without sending them to CBIS at all! This does not replace the electronic billing spreadsheet upload option, which is still available. And this is **not** TOTS.

Web-billing: Who needs to web-bill?

- Anyone who currently faxes or mails their paper bills to CBIS
- Anyone who currently uploads spreadsheets with fewer than 50 claims
- Anyone who currently uploads spreadsheets with more than 50 claims but who find spreadsheets bothersome

Online Summary Sheet Entry: Who needs to use it?

- All PSCs and ISCs need to enter all summary sheets online rather than sending them to CBIS

Web-billing: Why would I want to?

- You are in control of data entry. It's hard to make an error.
- Your bills will be posted to our system overnight. No one has to edit or upload them for you
- You aren't at the mercy of the postal service or of data entry clerks
- Later cut-off day! You have until 5:00 pm on the day before our cycle to enter your bills, rather than the week before as is the rule for faxed/mailed bills and spreadsheets.
- No need to create a spreadsheet
- You can enter bills from anywhere with an internet connection just by going to the website
- You can enter bills as often as you like, even every day after your client visits

Online Summary Sheet Entry: Why would I want to?

- Don't know if CBIS got your forms? You are in charge! By entering them yourself, you know they are automatically posted overnight.
- Keeps you from entering mistakes which prevents payments to providers
- Allows you to check demographic information CBIS has received for children and update as needed

How do I get started?

- Go to <http://cbis.louisville.edu> and click on "CIMS"
- Read the instructions on how to log in
- Enter your bills and summary sheets



REQUEST FOR NOMINATIONS FOR THE 2008 MARGE ALLEN SPIRIT AWARD AND JIM HENSON SERVICE AWARD

The Interagency Coordinating Council of Kentucky's Early Intervention System invites you to submit nominations for their annual awards presentation to take place at the Kentucky Infant Toddler Institute August 11-13, 2008.

MARGE ALLEN SPIRIT AWARD

"Helping to promote the statewide dream of Early Intervention in Kentucky"

Nomination Criteria:

The nominee must have made a positive impact on the lives of Kentucky's infants and toddlers with disabilities and their families.

The nominee's experience with early intervention in Kentucky may have been: past or current, personal, professional, or parent.

The nominee must be an individual.

JIM HENSON SERVICE AWARD

"To recognize a local or regional positive impact by an individual to insure the reality of Early Intervention in Kentucky"

Nomination Criteria:

The nominee must have made a positive impact on the lives of Kentucky's infants and toddlers with disabilities and their families.

The nominee's experience with early intervention in Kentucky may have been: past or current, personal, professional, or parent.

The nominee must be an individual.

ICC members and former ICC member are not eligible for the Jim Henson Service Award.

Nomination Instructions:

Use the attached ICC Award Nomination form, and mail, email or fax the nomination on or before July 22, 2008 to Lynne Flynn.

When using email to nominate, please attach the Award Nomination form as a Word® document. You may email Ms. Flynn for an electronic version of the form, if needed.

Lynne Flynn, ICC Chairperson
Cabinet for Health and Family Services/Dept. for Medicaid Services
275 East Main Street, 6WA
Frankfort, KY 40621
Lynne.Flynn@ky.gov
Fax: 502-564-0509

For more information on the Kentucky Infant Toddler Institute, visit:

<http://www.ihdi.uky.edu/infanttoddler/>

Interagency Coordinating Council-Kentucky's Early Intervention System
Award Application Form
2008

_____ Marge Allen Spirit OR _____ Jim Henson

Please answer the following questions regarding the person you are nominating. Be brief and concise, realizing that reviewers may not be familiar with your nominee. Use only the space allotted for each answer. Extra attachments will be not be considered.

Nominee's Full Name: _____

Address: _____

_____ Zip: _____

Phone: Work: _____ Home: _____

Cell: _____ Fax: _____

(need at least one of these numbers)

Please check one. Nominee is a:

_____ Service Coordinator _____ Parent _____ Therapist

_____ Early Interventionist _____ Early Intervention Administrator

_____ Other: _____

Describe the type and length of activities, services and/or experiences the nominee has had with children birth to three with disabilities and their families.

Description of how this person has made a positive impact on the lives of Kentucky's infants and toddlers with disabilities and their families and what they did to promote the dream of Early Intervention in Kentucky.

Your Name (Print Clearly): _____

Signature: _____ Date: _____

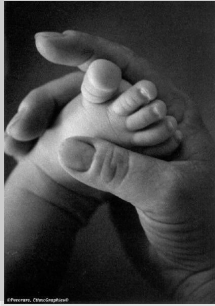
How do you know the Nominee? _____

Address: _____

If the committee has a question, how is it best to contact you?

Phone: _____ Fax: _____

July 25, 2008



COMMONWEALTH OF KENTUCKY

FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

TOTS Update

The implementation of the CBIS (CIMS) online forms has raised a number of questions that will impact the roll-out of TOTS. We'd like to share some of the questions and answers so that First Steps providers and stakeholders can be adequately prepared.

- Q. Will all providers have to go through TOTS training—even PTs, OTs and SLPs?
- A. Yes. Per the new provider agreement, Data System training is required. Direct service providers will be accessing TOTS to review health/medical information, information related to family routines, resources, priorities and concerns, and to enter evaluation/assessment results (reports) and progress/case notes. Additionally, independent providers will be using TOTS to submit claims for First Steps services provided.
- Q. Will providers be required to have internet access at home?
- A. The provider agreement specifically states that providers will “agree to establish and maintain **reliable** internet access with Internet Explorer version 5.5 or above for use in the provider’s place of business in order to assure timely service documentation and accurate recordkeeping and facilitate timely and accurate claims processing.”



(Continued on Page 2)

CBIS News

Folks on the CBIS First Steps Google e-mail group have been receiving e-mail updates this week from Brenda Curry-White regarding the new online forms submission system (CIMS). Here are some highlights:

Regarding the next cut-off date:

- If you fax your bills (which we hope you will not do; take advantage of CIMS instead): your cut-off date is 3:00 pm on July 30.
- If you mail your bills (which we hope you will not do; take advantage of CIMS instead): your cut-off date is 5:00 pm on July 30 (receipt in our office).
- If you upload a spreadsheet, your cut-off is still midnight, July 30.
- If you enter your bills through web-billing on CIMS, your cut-off is 5:00 pm on August 5. NOTE, however, that you may only enter claims for services provided through August 4th.

Regarding the Update Form:

- Errors when entering evaluations--it says I cannot have new referral/pending child status. This error has been fixed. You should be able to enter evaluations now for children with pending eligibility.

(Continued on Page 3)

Child Outcome Progress Monitoring

How it Affects the State and What it Means to You

We've been talking with stakeholders for the last two years about monitoring Child Outcomes, but as other program priorities have arisen, the discussion has faded and activities related to it have moved to the back burner. It's now time to resurrect that conversation, revisit the federal initiatives that have prompted the State to take action, and review the impact those action steps will have on First Steps providers as well as children and families participating in the First Steps program.

Why Measure Child Outcomes?

I won't insult your intelligence with the logical answer. Rather, I'll try to give you the backstory. In 1993 the Government Performance and Results Act (GPRA) required that goals and indicators be established for the Individuals with Disabilities Education Act (IDEA). You'll recall that IDEA-Part C is the law that establishes the First Steps program.

In 2002—9 years after the GPRA—an assessment by the federal Office of Management and Budget concluded that there were no long-term child outcome goals or data for either the Part B Preschool program or the Part C early intervention program. In other words, the programs could provide little to no evidence that they made any impact on the children and/or families participating in them.

You can understand why a legislator charged with allocating funds to the US Department of Education for IDEA might wonder why he or she should continue funding a program that has been unable to demonstrate meaningful benefits to the children and families participating in it.

The US Department of Education (DOE) anticipated this very inquiry and in 2005 the US DOE Office of Special Education Programs (OSEP) released the first data collection requirement related to child outcomes.



Continued on Page 4

TOTS Update (cont'd)

(Continued from Page 1)

Q. Will I be notified of things in writing because I don't check my e-mail?

A. The provider agreement has always made reference to maintaining an e-mail account. However, the new provider agreement includes more specific language regarding the e-mail account. It reads, "Agree to establish and maintain a functional e-mail account for all employees listed on the approved Enrollment Form (Form 6) and keep the Cabinet apprised of changes to e-mail address(es) via an updated Form 6 or other mechanism defined by the Cabinet."

A fair amount of communication occurs via e-mail. This newsletter, for example, is distributed by e-mail each week to the e-mail address reported to the Cabinet on Form 6. Each week we receive no less than 150 e-mails returned to us as undeliverable due to incorrect e-mail addresses, full accounts, etc. It is imperative that providers have a functional e-mail account and monitor that account regularly.

When TOTS is in production, agency administrators will be able to update their information (i.e. address, phone number, e-mail address) online. In the meantime, however, it remains necessary to do so through the submission of an amended Form 6.



CBIS News (cont'd)

(Continued from Page 1)

- Errors when entering assessments—it gives some error about row 1. You must hit the Update button when you change the eligibility status before entering assessments. There is now an instruction on the page.

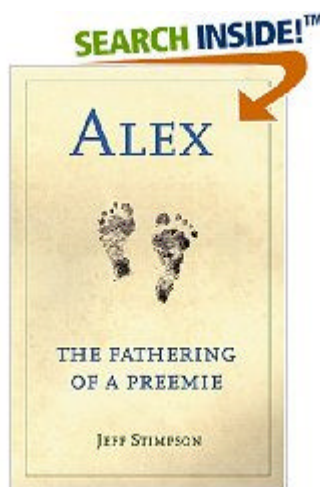
Regarding amendments/corrections:

- There is no form for amendments/corrections. You use the same form as for new plan services. For amendments and corrections, you can leave the backup PSC and PSC sections blank. If you are changing the PSC, you can enter that on the PSC line.

Regarding service deletions:

- You still need to send these to CBIS on paper forms. You do not need to delete services individually if a child is being discharged from First Steps prior to age 3. Just enter the discharge form and services are automatically ended on the discharge date. All other deletions you can send to CBIS.

Interesting Reads ...



Continuing our celebration of fathers this month is the story of Alex. Alex was born in June of 1998. He weighed 21 ounces. He spent the first year of his life in the hospital.

ALEX: THE FATHERING OF A PREEMIE is Alex's story as told by his father.

Jeff Stimpson saw his son get a spinal tap without anesthesia and three times witnessed Alex stop breathing—once on his lap. He and his wife were at the hospital every day, and there they discovered not only how far the science of saving preemies has advanced, but how far it hasn't.

The Stimpsons got a crash course in life behind the billboard of medical miracle, learning how the care of preemies can greatly differ, and how patients' families must learn to be consumers.

Stimpson traces the life of his child from birth to kindergarten—the ongoing battle to give Alex a fair shot at childhood and at life.

If you are interested in reading this book, you can order this book online through websites like Amazon.com or you can call 800/621-2736.



Child Outcome Progress Monitoring (cont'd)

(Continued from Page 2)

What Outcomes Are We Measuring?

OSEP requires States to report the percent of children who demonstrated improved:

1. Positive social emotional skills (including positive social relationships)
2. Acquisition and use of knowledge and skills (including early language/communication [and early literacy]); and
3. Use of appropriate behavior to meet their needs.

For each of these outcomes, States must indicate the percent of children who:

- A. Did not improve functioning;
- B. Improved functioning, but not sufficient to move nearer to functioning comparable to same aged peers;
- C. Improved functioning to a level nearer to same-aged peers but did not reach it;
- D. Improved functioning to reach a level comparable to same-aged peers; or
- E. Maintained functioning at a level comparable to same-aged peers.

How Does Kentucky Plan To Do This?

Initially Kentucky planned to use the Developmental Status Scale (DSS) to report Child Outcome data. The DSS was not designed specifically to address the federal reporting requirements, but it provided information that could be used for federal reporting purposes ... until September, 2006.

In September, 2006 OSEP changed the reporting categories from 3 to 5. You will recall that the DSS can tell us whether or not a child has *shown no improvement*, *shown improvement*, or *achieved age appropriate functioning*. However, the DSS cannot provide information related to reporting categories B and C above.

In order to be able to obtain progress data for all children compared to their same-aged peers for all 5 reporting categories, a decision was made to gather the data through the use of selected criterion referenced assessment instruments.

Two stakeholder groups were used to select appropriate assessment instruments for use in reporting child progress. Knowing that data collection could not wait, providers were asked to submit protocols for all assessments completed on or after July 1, 2006. These protocols were collected by the Point of Entry (POE) offices and initial submissions were used to assist the stakeholder groups in identifying assessment instruments currently in use.

Four assessment instruments were selected to monitor children's progress for 2006 – 2007. The instruments selected are the *Assessment, Evaluation and Programming System for Infants and Children Second Edition (AEPS)*; Bricker et al. 2002) for children aged birth to three years, the *Carolina Curriculum for Infants and Toddlers (CCITSN)*; Johnson-Martin et al., 2004), the *Early Learning Accomplishment Profile (E-LAP)*; Sanford et al., 2004), and the *Hawaii Early Learning Profile (HELP)*; Parks, 2006) for children aged birth to three years. These instruments were selected based on their use in the field, their technical adequacy, use of functional goals and multiple domains, utility for diverse populations, opportunities for the use of multiple modalities for collecting data, involvement of families, and ease of administration. We have since limited the approved instruments to the *AEPS*, *CCITSN* and *HELP*. Statewide training on these assessment instruments began in June, 2007 and continues through Fall, 2008.

(Continued on Page 5)

Child Outcome Progress Monitoring (cont'd)

(Continued from Page 4)

What Does This Mean for Providers?

The need to capture data related to the progress children have made while participating in the First Steps program necessitates the collection of that data at entry, at one or (hopefully) more points during the child's participation in the program, and at exit.



DRAFT Evaluation, Assessment and IFSP policies were posted for public comment on January 11, 2008.

The following is a summary of some of the proposed changes:

Evaluation

Section 1.(2)(d)2.requires that the primary level evaluation include a developmental component completed by a PLE "that shall include: if potentially eligible, completion of a cabinet-approved criterion referenced assessment instrument".

Section 1.(2) requires annual re-evaluation to be a part of ongoing assessment and "include an assessment in all five (5) areas by the Primary Service Provider or another designated provider using a cabinet-approved criterion referenced instrument

Section 2.(3) Record review will no longer be required in order to have a child who is considered premature and is referred to First Steps before 4 months corrected age evaluated at the Intensive Level Clinic and preferably the Neonatal Intensive Care Unit Follow-Up Clinic.

Section 2.(4) Children without established risk conditions may remain eligible for the First Steps program if the child is under 3, a resident of Kentucky, continues to demonstrate any ongoing developmental delay and the IFSP team agrees that First Steps services are required in order to support continuing developmental progress.

Assessment

Section 1.(3) will continue to allow for further assessment if it is felt that the criterion referenced assessment did not accurately reflect the child's level of delay or if the child's development is considered to be atypical.

Section1.(4) specifies that "children without a diagnosed established risk condition shall receive an evaluation in the five developmental domains using a norm referenced, standardized instrument and an initial assessment in the five (5) developmental domains using a cabinet-approved criterion referenced instrument done by a primary level evaluator."

Section 1.(5) requires that annual reevaluation "include an assessment in all five (5) areas by the Primary Service Provider or another designated provider using a cabinet-approved criterion referenced instrument.



(Continued on Page 6)

Child Outcome Progress Monitoring (cont'd)

(Continued from Page 5)

Section 1.(6) requires that “within 120 days prior to exiting the First Steps program at age three (3), children shall receive an assessment in all five (5) areas by the Primary Service Provider (PSP) or another designated provider using a cabinet-approved criterion referenced instrument. The annual reevaluation may be used to meet this requirement as long as it is completed within 120 days prior to the child’s exit from the First Steps program.”

IFSP

Section 1.(5) sets the IFSP meeting as the point in time at which the child’s Primary Service Provider is selected and provides some criteria that may be used when selecting the Primary Service Provider.

Section 1.(7) requires that prior to the annual IFSP meeting “the Primary Service Provider or another designated provider shall complete a cabinet-approved criterion referenced assessment for progress measurement and planning purposes and all ongoing service providers shall submit a progress report to the Primary Service Coordinator summarizing the child’s progress. The assessment report may serve as the annual review.”

Developmental Status Scale

Central Office is proposing that the policy instituting the Developmental Status Scale (DSS) be revoked.

The comment period on the draft policies/procedures closed on February 15, 2008. 25 comments were received. Central Office reviewed all comments. Substantive changes to the policies were not suggested. However, terminology was clarified and the policies were reviewed to assure alignment, when possible, with State regulation. In some cases State regulation will need to change (i.e. references to the DSS will need to be eliminated). In addition, the program is working to increase the rate for the Primary Level Evaluation rather than having PLEs bill assessment units for the time associated with completion of the criterion referenced instrument (a point of contention cited by several commenters).

When Will All This Happen?

We are working to facilitate an implementation date of **October 1, 2008**. This will not happen without notice, however. The policies will be finalized and widely disseminated (via the newsletter and the website as well as locally via the TATs) in the next couple of weeks. Required regulation changes will be made in accordance with state requirements associated with regulation changes (public notice, comment, etc.). Supplemental information will be made available via the newsletter and locally via the TATs, including Q & As regarding the policies and resources related to topics like *Selecting and Using Primary Service Providers*.

So, What’s Going On Now

Right now, per policy issued in August, 2007, every child determined eligible by established risk shall have an assessment in all five (5) areas of development done by a primary level evaluator in lieu of a primary level evaluation using a cabinet-approved criterion referenced instrument (See RES-15) .



(Continued on Page 7)

Child Outcome Progress Monitoring (cont'd)

(Continued from Page 6)

PLEs who complete 5 area assessments using a Cabinet-approved criterion referenced assessment instrument should be either entering the assessment into the Kentucky Early Childhood Data System (KEDS) themselves or should be forwarding a copy of the assessment protocol to the child's POE for data entry.

Though not currently required, PLEs may complete a Cabinet approved criterion referenced assessment instrument in addition to the norm referenced, standardized instrument for children without established risk conditions and may enter that assessment into KEDS themselves or may forward a copy of the assessment protocol to the child's POE for data entry.



Also, though not currently required, designated (or presumed) Primary Service Providers may complete a Cabinet approved criterion referenced assessment instrument annually at the time of review.

If, after reading all of this, you have questions, please route them through your Technical Assistance Team. The TAT will work with Central Office to respond to you and compile all questions into a Q & A document.

Where's My Money?

Betsy Kennedy, Central Office's Financial Administrator, often takes calls from providers days after the provider payments have gone out who are concerned that they have not received their checks. Here's some of Betsy's advice:

If a provider feels that his or her check has been lost in the mail, the first precautionary note is that we have seen it take up to two weeks for the post office to deliver a check. If for any reason we are delayed in getting the check to the post office, we should be able to let providers know by way of the distribution list. Thus, providers can assume that checks went to the post office on the Friday after the run cycle.

When providers call me because they fear their checks have been lost, I urge them to wait the two weeks, but if they can't, then I explain the process of getting a new check and let them decide when to start the process. And that process is . . . when the provider requests a new check, I contact Treasury and obtain a stop payment and an affidavit by which the new check is authorized. **(NOTE: The very minute the affidavit is requested, a stop payment is put on the original check, so if the original check arrives the day after the provider calls me, the provider can't cash it.)** I usually receive the affidavit the same day I request it, and I fax or email it to the provider. The provider must complete the form, have it notarized, and mail the form back to me. Treasury will not issue a duplicate check based on a faxed affidavit. When I receive the affidavit, I have it messengered to Treasury. They cut a new check and send it back to me, which usually takes 2 to 4 days. I then put the new check in the mail to the provider.

So you can see that the process to get a new check cut is a little over a week, which is why I urge providers to wait as long as they reasonably can before they ask for a new one.